

Municipal Form

Office of Campaign and Political Finance

File with: Canger Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5-14	-19	Ending Date: 5-21-19 A \$ 15			
Type of Report: (Check one)		THE TYED			
8th day preceding preliminary 8th day preceding election	№ 30 day a	after election year-end report dissolution			
Charles William Pearce	Pearce F	For Ipswich			
Candidate Full Name (if applicable)		Committee Name			
Select Board	Greer Pe	earce			
Office Sought and District		Name of Committee Treasurer			
7 Linden St., Ipswich, Massachusetts 01938	7 Linden	n St., Ipswich, Massachusetts 01938			
Residential Address		Committee Mailing Address			
Telephone Number (optional):	Telephone 1	e Number (optional):			
SUMMARY BALANC	CE INFOR	RMATION:			
Line 1: Ending Balance from previous report		1376.03			
Line 2: Total receipts this period (page 3, line 11)) [2,688.80			
Line 3: Subtotal (line 1 plus line 2)		4064.83			
Line 4: Total expenditures this period (page 5, lin	ne 14)	3697.69			
Line 5: Ending Balance (line 3 minus line 4)		367.14			
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Bank of America					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions a	and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)	(Sieuses a argument)			
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ccordance with	nowledge and belief, a true and complete statement of all campaign financh the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee OR Candidate with independent activity filing a I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my kn ts, in-kind contri	snowledge and belief, a true and complete statement of all campaign tributions and liabilities for this reporting period and represents the			

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received 5-14-19 5-14-19 5-14-19	(alphabetical listing required) Arthur Graham 44 Cooper Lane, East Hampton, NY 11937 Joathan Glick 6042 Bear Trap Ln, Truckee, CA 96161 Thomas Appleton 38 Randolph Road, Chestnut Hill, MA, 02467	\$100 \$100	(for contributions of \$200 or more) Retired		
5-14-19	Joathan Glick 6042 Bear Trap Ln, Truckee, CA 96161 Thomas Appleton 38 Randolph Road, Chestnut Hill, MA, 02467	\$100	Retired		
	Thomas Appleton 38 Randolph Road, Chestnut Hill, MA, 02467		Retired		
F 14.10	38 Randolph Road, Chestnut Hill, MA, 02467	200	Retired		
5-14-19					
5-14-19	John Appleton 33 Brimmer St., Boston, MA 02108	200	Financial Services, Loring, Wolcott, and Coolidge		
5-15-19	Joseph Boghos 373 Broad Street, Portsmouth, NH, 03801				
5-15-19	John Chapman 12 Monmouth Court, Brookline, MA, 02446	100			
5-16-19	Frank LaRose 94 North Hayden Parkway, Hudson, OH, 44236	50			
5-17-19	Michael Schade 800 4th St, Liverpool, NY, 13088	8.8			
5-18-19	Janet Vincze 1 Eisenhaure Lane, North Reading, MA, 01864				
5-17-19	Julia Group 145 Garfield Street, Denver, CO, 80206				
5-17-19	Robert Group 145 Garfield Street, Denver, CO, 80206	10			
5-17-19	Frank McKean	750	Retired		
Line 9: Total Recei	ipts over \$50 (or listed above)				
Line 10: Total Rece	eipts \$50 and under* (not listed above)				
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5-17-19	Mary McKean 209 Grandview Dr., Verona, PA, 15147	750	Retired
5-21-19	Joseph Holiday 4307 Mentone Ave, Culver City, CA, 90232	100	
5-18-19	Janet Vincze 1 Eisenhaure Lane, North Reading, MA, 01864	100	
5-18-19	Colin Graham 44 Cooper Lane, East Hampton EAST HAMPTON, NY, 11937	10	
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	d receipts of \$50 and under, include them in lin	ne 9. Line 10 shou	ld include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid (alphabetical listing) Address Purpose of Expenditure Amount 5-20-19 Amp Agency 77 North Washington Street, Boston, MA, 02114 Advertising Charles W. Pearce (See R1 Attachement) 7 Linden St., Ipswich, MA 01938 Reimbursement For Campaign		To Whom Paid	mittee name and a page number on		
F-20-19 Amp Agency Pearce (See R1 Roston, MA, 02114 Activation Street, Boston, MA, 02114 Residue Resid	Date Paid		Address	Purpose of Expenditure	Amount
Boston, MA, 02114 20 Charles W. Pearce (See R1 Attachement) 7 Linden St., Ipswich, MA 01938 Reimbursement For Campaign Expenditures 349; See					Amount
Charles W. Pearce (See R1 Attachement) 7 Linden St., Ipswich, MA 01938 Reimbursement For Campaign Expenditures 349.	F 20 10	III Amp Agency	Boston, MA, 02114	Advertising	
Attachement	5-20-19		Soston, Ind. Ozii		205.07
Attachement) At]			
Attachement) Expenditures 349 Attachement) Expenditures 349 Attachement) Line 12: Total Expenditures over \$50 (or listed above)			7 Linden St., Ipswich, MA 01938	Reimbursement For Campaign	
Line 12: Total Expenditures over \$50 (or listed above)	-20-19	Attachement)		Expenditures	3492.62
					3492.02
		l l			
		1			
		E. C.			
			Line 12: Total Expenditures ov	er \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)					
			Line 13: Total Expenditures \$50		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD		Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized



Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

				Date	of Reimbursement:	5-23-19	
Name of Individu	Individual Being Reimbursed: Charles William Pearce						
Committee Name	Pearce For Ipswich						
CPF ID Number	(if applicable):	Pearce For	Ipswich	Telephone 1	Number (optional):		
		ITEMI	ZE EXPENDITURES	IN EXCES	S OF \$50		
Date Paid	Vendor Na	ne	Vendor Add	ress	Purpose of E	xpenditure	Amount
5-16-29	USPS 1313 Boylston St, Boston, 02115		ston, MA	Postage		425	
5-20-19	Facebook		1 Hacker Way, Menlo Park, California 94025		Advertising		1920
5-20-19	Google		1600 Amphitheatre Parkway Mountain View, CA 94043.		Advertising		172.98
5.19-19	FLS Connect		7300 Hudson Blvd, Suite 270 Saint Paul MN, 55128		Phone Calls		150.00
5-19-19	Minute Man Press		188 Newburyport Turnpike, Newburyport, MA 01950		Printing		\$824.64
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 3492.62							
Line 2: Expenditures \$50 or under (not itemized): 3492.62					3492.62		
Line 3: TOTAL AMOUNT REIMBURSED: 3492					3492.62		
Signed under the	e penalties of perjury:					Date: 6-2	20-19